

Stanley Urban District Council

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1954



S. LUDKIN, M.B., B.S., D.P.H.

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INDEX TO CONTENTS.

	PAGE
I. Environmental Circumstances and General Statistics	4
II. Health Services in the Area	9
III. Sanitary Circumstances of the Area	18
IV. Inspection and Supervision of Food	24
V. Prevalence of, and Control over, Infectious and Other Diseases ...	27
VI. Relevant New Legislation	37
APPENDICES :	
A. Trend of Vital Statistics since 1937... ..	39
B. Analysis of Notified and Confirmed Cases of Notifiable Diseases...	40
C. Statistics in relation to Factory Inspections	41
D. Carcases Inspected and Condemned	42
E. Prevention of Damage by Pests	42

*Health Department,
Council Offices,
Tantobie,
Newcastle upon Tyne.*

**TO THE CHAIRMAN AND MEMBERS OF
THE STANLEY URBAN DISTRICT COUNCIL**

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in presenting my Annual Report on the health, vital statistics and sanitary circumstances of your area for the year 1954—the seventh in the series for which I have been responsible.

It has been a most satisfactory year with a reduction in the still-birth, infant mortality and Tuberculosis mortality rates—all being the lowest ever recorded for the district. Fewer cases of infectious disease were notified but unfortunately there were two infant deaths from Whooping Cough. No cases of Diphtheria occurred.

Towards the end of the year a trial scheme for the voluntary preventive vaccination against Tuberculosis of school leavers, the first in the administrative County, was introduced. The wonderful response of parents was of the standard I have learned to expect in the district and together with the co-operation of the staff of the central and local education department and schools, it proved to be a great success.

The sanitary circumstances in the area were satisfactory but in view of the commencement of a detailed survey of sub-standard properties requiring to be dealt with within the next five years, the final phase of the project to rid us of the remaining privies was postponed. Special attention was also given to the re-opening and licensing of a limited number of private slaughterhouses when meat rationing ended and the Ministry of Food slaughterhouses ceased to operate in June.

The liaison both with the General Medical Practitioners and the Hospital Authorities has continued and for the sake of completeness I have included some details of these services.

Finally, I wish to thank the Members of the Council for their encouragement and support and the Staff of the Department for their continued assistance and enthusiasm, particularly during the busy periods.

I am, Ladies and Gentlemen,

Yours faithfully,

STANLEY LUDKIN,
Medical Officer of Health.

I. ENVIRONMENTAL CIRCUMSTANCES AND GENERAL STATISTICS

Area (Acres)	12,658
Population (Estimated)	48,020
(i) Estimated number of children :—	
Under 5 years	3,758
5-14 years	8,233
(ii) Approximate number of Aged People	4,660
Marriages in the Area during 1954	532
Number of inhabited houses	14,023
(i) Number of Aged Miners' Homes	180
(ii) Number of Council Aged Persons' Homes	338
(iii) Number of Council Houses	3,959
(iv) Number of Houses and Shops combined	190
(v) Number of Lock-up Shops	323
(vi) Number of Occupied Houses under Demolition Orders	3
(vii) Estimated number of Sub-standard Houses to be dealt with under Section 11, Housing Act, 1936	483
Rateable Value (1954-55)	
(i) Estimated	£205,140
(ii) Net Product of Penny Rate (1954-55) (Estimated)	£750

APPROXIMATE NUMBER OF EMPLOYED PERSONS

	Males.	Females.	Totals.
(i) Coal Mining	9,500	—	9,500
(ii) Building and Civil Engineering	600	—	600
(iii) Retail Distribution of Food	700	550	1,250
(iv) Local and National Government	400	100	500
(v) Catering, Hotels, Canteens, etc.	100	350	450
(vi) Road Transport	600	100	700
(vii) Engineering Trades	500	200	700
(viii) Clothing Factories	50	400	450
(ix) Miscellaneous	1,900	950	2,850
Totals	14,350	2,650	17,000

UNEMPLOYED AND DISABLED

	Males.	Females.	Totals.	%
(i) Employable Persons out of work at the end of 1954	—	—	438	2.5
(ii) Persons registered as Disabled	944	58	1,002	
(iii) Registered Disabled who were on the Tuberculosis Register at 31.12.54	45	11	56	5.6
(iv) Disabled persons retrained	—	—	7	
(v) No. of persons who have had special rehabilitation during 1954	—	—	27	
(vi) No. of T.B. persons who have had special rehabilitation during 1954	—	—	6	
(vii) Tuberculosis persons retrained during 1954... ..	—	—	4	
(viii) No. of Registered Blind Persons	—	—	122	
(ix) No. of Partially Sighted Persons	—	—	25	
(x) No. of Persons drawing Blind Persons' Pension	6	8	14	
(xi) No. of Blind Persons in receipt of National Assistance	27	38	65	

COMPARATIVE RATES

	England and Wales.	Durham County	160 Smaller Towns.	Stanley
No. of live births per 1,000 population ...	15.20	17.30	15.40	15.16
No. of still births per 1,000 population ...	0.36	0.39	0.35	0.33
No. of maternal deaths per 1,000 live and still births... ..	0.69	0.83	—	2.68
No. of infant deaths per 1,000 live births ...	25.30	29.00	23.70	26.10
No. of deaths per 1,000 population ...	11.30	11.30	11.20	11.33
No. of Tuberculosis deaths per 1,000 population	0.17	0.19	0.17	0.10
No. of Pulmonary Tuberculosis deaths per 1,000 population	0.16	0.18	—	0.10
No. of Non-Pulmonary Tuberculosis deaths per 1,000 population	0.01	0.01	—	—

The standardised birth and death rates for the area, i.e., rates calculated in such a way that allowances are made for the age and sex composition of the population were 15.16 and 12.84 respectively.

‡ Related Live Births.

DETAILED VITAL STATISTICS

BIRTHS

	Males.	Females.	Totals.
(a) Live Births :			
Legitimate	353	355	708
Illegitimate	8	12	20
Totals	361	367	728
(b) Still Births :			
Legitimate	8	6	14
Illegitimate	1	1	2
Totals	9	7	16

	1947	1948	1949	1950	1951	1952	1953	1954
No. of Still Births per 1,000 population	0.72	0.57	0.35	0.41	0.42	0.60	0.37	0.33
No. of Live and Still Births per 1,000 population ...	23.56	19.50	18.35	16.27	16.79	17.63	16.83	15.49
No. of Still Births per 1,000 Live and Still Births ...	30.62	29.35	19.00	25.35	24.75	34.20	22.25	21.50

During the year there were 16 still-births as compared with 18 last year.

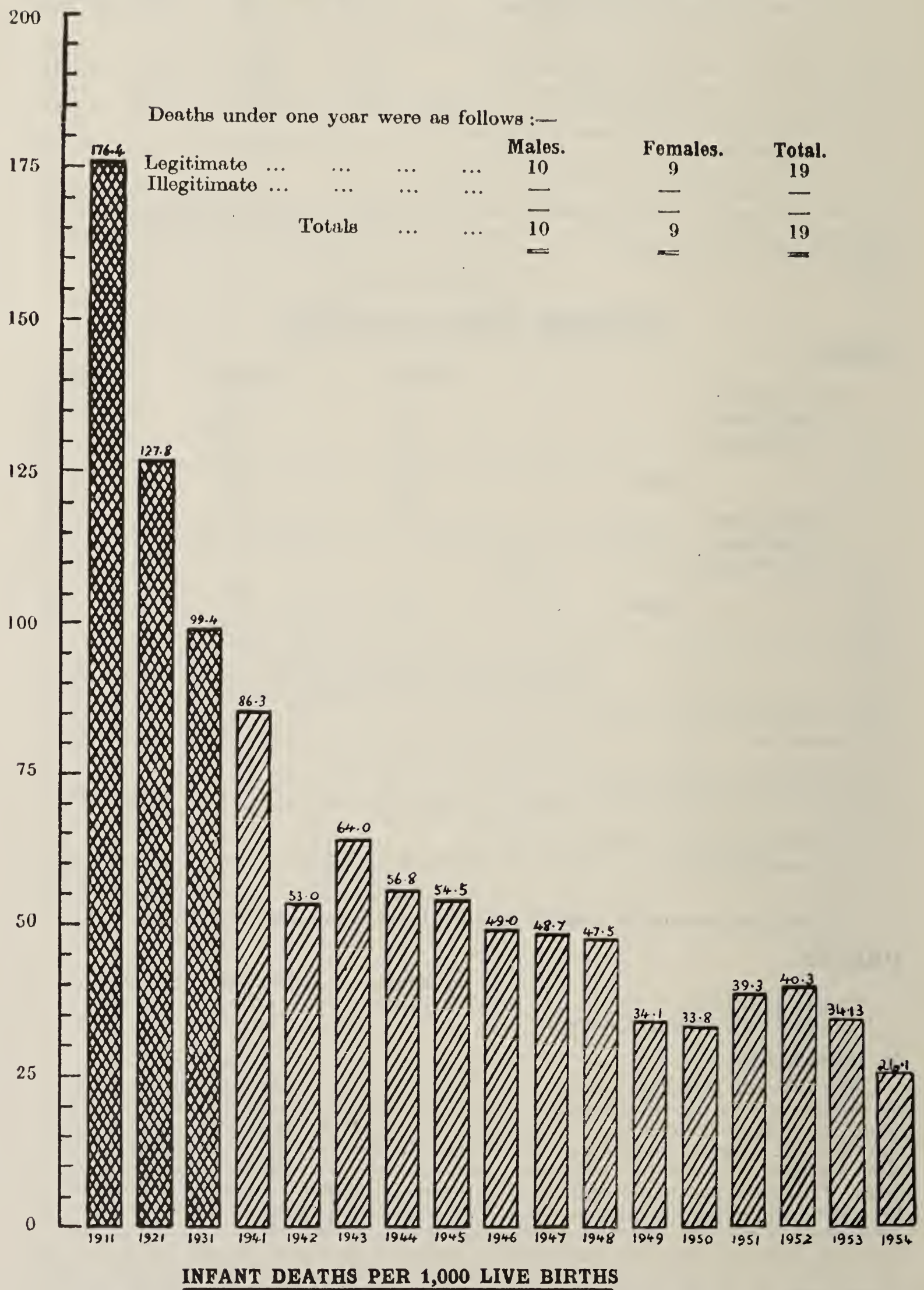
DEATHS

	Males.	Females.	Total.
Deaths during year	319	225	544
Deaths from Puerperal Causes	—	—	—

(a) Infant Deaths.

The Infantile Mortality Rate, i.e., the number of infant deaths per 1,000 live births, for the year was 26.1 (19 deaths) as compared with 34.13 (27 deaths) in the previous year, seven occurring on the first day, 10 within the first week and a total of 12 within the first month of life. Whether an infant is still-born or manages to survive for a limited period is often a matter of chance since the lethal factors operating are frequently the same in both cases. When assessing the problem with a view to its prevention we must therefore consider the total of still births and neonatal deaths (i.e., deaths within the first month) and not the latter alone. Preventive measures entail adequate ante and post natal care, the education of people in all sections of the community to make the use of the facilities available, and the expectant and nursing mothers in the principles of child care, nutrition and prevention of infections. I feel sure it would also be an advantage if a beginning could be made by group education of female school leavers, who after all often have little opportunity of acquiring the necessary knowledge before motherhood.

Legitimate	10	9	19
Illegitimate	—	—	—
Totals	10	9	19



For detailed vital statistics and trends see Appendix A.

(b) Deaths (General)					Males.	Females.	Total.
ALL CAUSES					319	225	544
1. Cardio vascular :—							
(a)	Vascular lesions of nervous system				37	47	84
(b)	Coronary disease				44	24	68
(c)	Hypertension with heart disease				5	3	8
(d)	Other heart diseases				48	41	89
(e)	Other circulatory diseases				18	15	33
Totals					152	130	282
2. Chest Diseases :—							
(a)	Pneumonia				16	4	20
(b)	Bronchitis				23	2	25
(c)	Other diseases of respiratory system				10	—	10
Totals					49	6	55
3. Cancer :—							
(a)	Malignant Neoplasm, stomach				15	6	21
(b)	Malignant Neoplasm, lung bronchus				11	2	13
(c)	Malignant Neoplasm, breast				—	9	9
(d)	Malignant Neoplasm, uterus				—	6	6
(e)	Other Malignant and Lymphatic Neoplasms				31	19	50
Totals					57	42	99
4.	Tuberculosis—all forms				4	1	5
5.	Other infective and parasitic diseases				—	1	1
6.	Whooping Cough				2	—	2
7.	Diabetes				—	1	1
8.	Ulcer of stomach and duodenum				4	1	5
9.	Pregnancy, Childbirth, Abortion				—	2	2
10.	Nephritis and Nephrosis				6	3	9
11.	Hyperplasia of prostate				1	—	1
12.	Syphilitic Disease				1	—	1
13.	Other defined and ill-defined diseases				25	32	57
14.	Motor Vehicle Accidents				2	—	2
15.	All other accidents				9	5	14
16.	Suicide				4	—	4
17.	Influenza				3	1	4

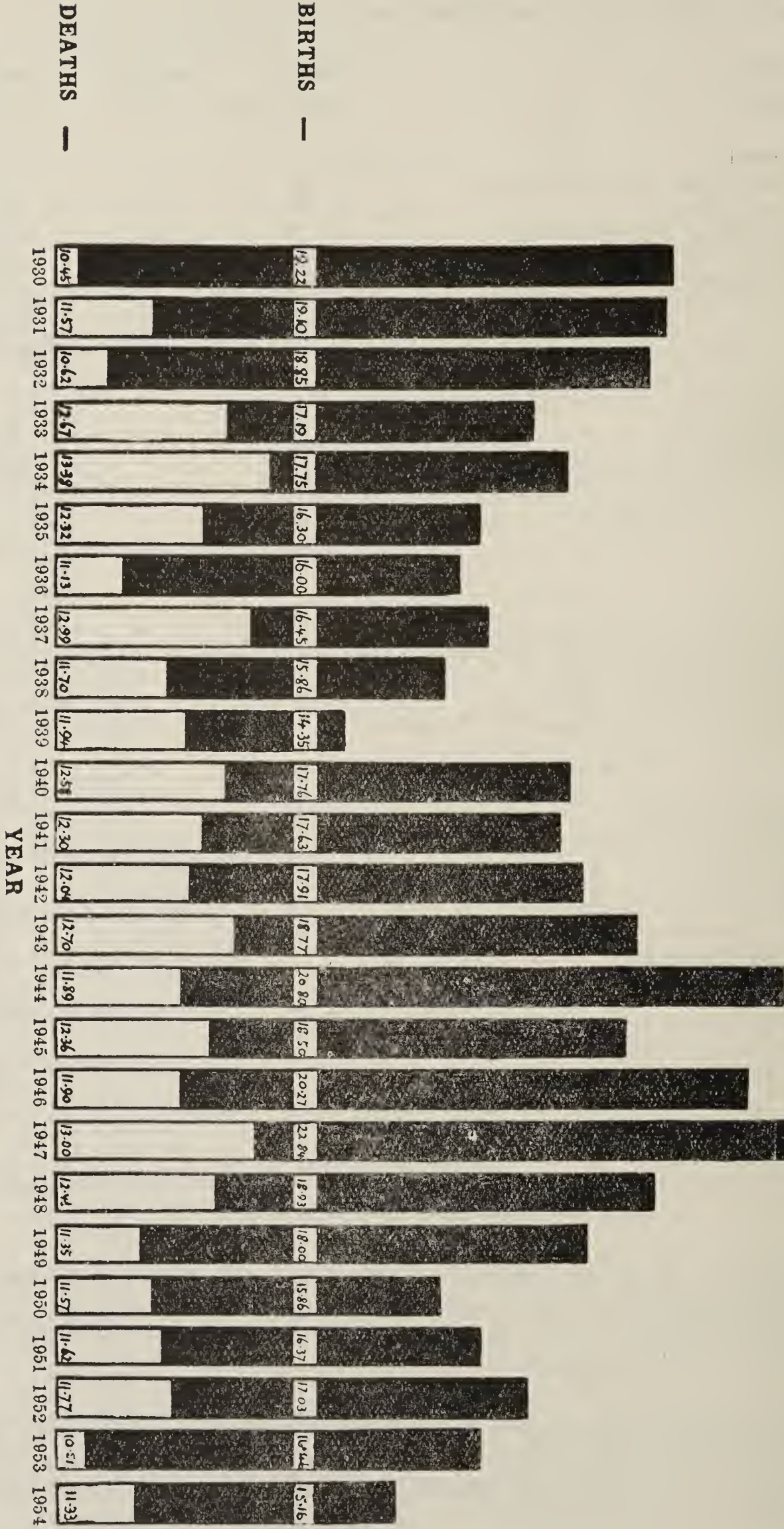
The main causes of death were diseases of the Heart and Circulatory System, Cancer, Bronchitis and Pneumonia in that order.

Cancer and disease of the Cardio-vascular System still remain a challenge to medical science and preventive medicine. Heart disease, notably Coronary Thrombosis—of which there were 62 deaths, 62.5% being males—is assuming greater importance year by year.

Of the 16 accidents, six occurred in the home (five were old people over the age of 70 years), three at work, one on the roads, four the result of falls outside (ages 85, 77, 76 and 61 years) and two as the result of drowning (ages three and four years).

BIRTH AND DEATH RATES PER 1,000 POPULATION

For the 25 year period ending 31st December, 1954.



II. HEALTH SERVICES IN THE AREA

1. Staff of Public Health Department

Medical Officer of Health and County Area Medical Officer for Stanley and Consett Urban and Lanchester Rural Districts :

S. LUDKIN, M.B., B.S., D.P.H.

Chief Sanitary Inspector and Shops Inspector :

J. W. RICHARDS, M.S.I.A., C.R.San.I., Certified Meat and Foods Inspector.
(Appointed 25.5.54).

Assistant Chief Sanitary Inspector :

E. M. PETCH, M.S.I.A., C.R.San.I., Certified Meat and Foods Inspector.
(Appointed 1.7.54).

District Inspectors :—

J. B. MCGREGOR, M.S.I.A., C.R.San.I.

J. E. HARRIS, M.S.I.A., C.R.San.I., Certified Meat and Foods Inspector.

Clerical Staff :

T. WATSON ; G. W. MOORE ; J. BAINBRIDGE ; L. BURROWS.
(Appointed 8.6.54).

Rodent Operator :

R. NEILL.

2. Laboratory Facilities

These continue to be provided by the Public Health Laboratory Service, Newcastle upon Tyne, under the direction of Dr. R. Norton.

All specimens for animal inoculation are sent to the laboratory attached to the General Hospital, Newcastle upon Tyne.

The service of the Public Health Laboratory has continued to be used extensively by General Practitioners.

Year.					Specimens Submitted.	Positive.
1948	...	...	...	...	568	77
1949	...	...	...	...	887	159
1950	...	...	...	...	2,475	493
1951	...	...	...	...	1,335	292
1952	...	...	...	...	1,039	139
1953	...	...	...	...	3,649	653
1954	...	...	...	...	1,271	199

The reduction in numbers during this year was mainly due to the fall in the incidence of Dysentery.

The following table gives particulars of specimens sent in for examination by the Health Department and the Medical Practitioners in the Area.

Bacteriological Examinations

	Number of Specimens submitted	Positive
Blood : Culture	—	—
Faeces :		
(a) Enteric Fever	385	50
(b) Other Organisms		
Swabs : (Throat, Nasal and Ear)		
(a) Diphtheria	35	9
(b) Haemolytic Streptococci		
(c) Other Organisms		
Sputum for Tuberculosis :		
(a) Chest Clinics	811	135
(b) Other Medical Services	36	5
Miscellaneous	4	—
Totals	1,271	199

Twenty-eight Ice Cream Samples were submitted for bacteriological examination, two of which were found to be unsatisfactory.

3. Local Health Authority Services

In accordance with a scheme adopted by the County Council on 25th February, 1948, and approved by the Minister, the Administrative County is divided into twelve areas, Lanchester Rural and Consett and Stanley Urban Districts comprising No. 3 Area. For each Area, a Health Sub-Committee has been appointed to exercise on behalf of the County Health Committee, certain limited functions relating to the services provided under the National Health Service Act, 1946.

This Sub-Committee is composed of three members from the County Council appointed by the County Health Committee, three persons appointed by the County Health Committee not being members of the County Council or District Councils, and fifteen members of the three District Councils in this Area.

The duties of this Committee are however, negligible and day to day administration of all County Services is carried out at the County Headquarters, Area Medical Officers merely deputising for the County Medical Officer of Health at the quarterly area meetings.

The County Medical Officer of Health and his headquarters staff have kindly provided the statistics relating to the personal health services.

(a) Clinics

Although General Practitioners are now paid if they provide an ante-natal or post-natal service, there is still a place for the Local Authority Clinics. When well run, expectant mothers enjoy attending. They become members of a group sharing and discussing a common experience and in the case of the first pregnancy, are thus able to view the whole event in true perspective,

teaching in mothercraft and health education being some of the facilities most appreciated. Child Welfare Clinics also have dual medical and educational functions, the emphasis at present being on

- (i) periodic medical supervision of all children from the age of one to five years, where special attention is given to the early detection of defects such as deafness, speech problems, spasticity, squint and dental caries ;
- (ii) prophylaxis against infectious diseases ; and
- (iii) individual and group education of parents in child care. Included in this health education programme is accident prevention, advice on behaviour difficulties with special consideration given to premature babies, illegitimate, deprived or neglected infants and members of problem families.

Plans have been approved for the building of a new Infant Welfare Clinic at East Stanley to replace the existing building at Barn Hill.

(i) Birth Control

Clinics for the above are held in the Maternity and Child Welfare Centre, Holmeside House, Stanley, on alternate Thursday mornings.

(ii) Ante-Natal

Clinics are held as follows :

CHAPEL SCHOOLROOM, CATCHGATE—Friday afternoons.

U.M. SCHOOLROOM, BURNOPFIELD—Alternate Thursday mornings.

HEDLEY MEMORIAL HALL, CRAGHEAD—Alternate Wednesday mornings.

COMMUNITY SERVICE CENTRE, DIPTON—Alternate Thursday afternoons.

MATERNITY AND CHILD WELFARE CENTRE, HOLMSIDE HOUSE, STANLEY—Wednesday mornings.

WESLEYAN SCHOOLROOM, TANFIELD LEA—Alternate Tuesday afternoons.

PAROCHIAL HALL, SOUTH MOOR—Alternate Wednesday afternoons.

(iii) Post-Natal

Clinics for the above are held in the Maternity and Child Welfare Centre, Holmeside House, Stanley, on alternate Thursday mornings.

(iv) Child Welfare.

Clinics are held as follows :

CHAPEL SCHOOLROOM, CATCHGATE—Tuesday afternoons.

U.M. SCHOOLROOM, BURNOPFIELD—Alternate Thursday afternoons.

HEDLEY MEMORIAL HALL, CRAGHEAD—Alternate Wednesday afternoons.

COMMUNITY SERVICE CENTRE, DIPTON—Alternate Thursday mornings.

PAROCHIAL HALL, SOUTH MOOR—Alternate Monday afternoons (Children).

MATERNITY AND CHILD WELFARE CENTRE, HOLMSIDE HOUSE, STANLEY—Tuesday mornings.

WESLEYAN SCHOOLROOM, TANFIELD LEA—Alternate Tuesday mornings.

(v) Artificial Sunlight

Clinics are held as follows :

CHAPEL SCHOOLROOM, CATCHGATE—Tuesday mornings and alternate Friday mornings.

MATERNITY AND CHILD WELFARE CLINIC, HOLMSIDE HOUSE, STANLEY—Tuesday afternoons and alternate Thursday afternoons.

(vi) **Immunisation**

Immunisation has been carried out by :

- (i) Infant and Child Welfare Clinics Medical Officers ;
- (ii) General Practitioners by personal arrangement with parents.

(b) **Nursing in the Home and Midwifery Services**

The County Council's proposal for the provision of a Home Nursing Service in accordance with Sec. 25 of the National Health Service Act, 1946, was amended to provide for the direct administration of this Service by the County Council as from the 1st April, 1954, and employees of the County Nursing Association were transferred to the County Council's employ with effect from this date. All nursing requisites are held by the Central Store, Durham, and are sent out to the various patients when requests are received. The advisability of having local stores of equipment would appear to be worthy of consideration.

The following shows the districts in which the District Nurses, District Nurse-Midwives and Midwives are operating :

Stanley ...	...	...	2 General Nurses, 4 Nurse Midwives and 2 Independent Midwives.
Annfield Plain ...	...	...	1 General Nurse and 3 Midwives (1 Independent).
Burnopfield ...	...	...	2 Nurse Midwives.
Craghead ...	...	...	1 Nurse Midwife.
Dipton ...	...	...	1 General Nurse and 1 Midwife.
Tanfield...	...	...	1 General Nurse and 1 Midwife.

During part of the year the District Midwives worked as District Nurse-Midwives.

The following is a summary of the work carried out in this Area by the above :

							Cases.	Visits.
Medical	...	...	...	...	...	...	893	8,087
Surgical	...	...	...	...	...	...	942	7,836
Tuberculosis	...	...	...	...	...	...	16	627
Casual...	...	...	...	...	...	...	—	521
Midwifery	...	...	...	...	...	...	416	5,824
Maternity	...	...	...	...	...	...	50	700
Totals							2,317	23,595

Midwifery and maternity cases are attended for fourteen days.

(c) **Health Visitor Service**

There are six Health Visitors in the Stanley Urban District, the following domiciliary visits being made during the year :—

Maternity and Child Welfare ...	...	...	...	...	...	11,779
Tuberculosis ...	...	...	...	...	...	1,489
General Health...	...	...	...	...	...	14
Mental Deficiency	...	...	...	...	...	365
Schools ...	...	...	...	...	...	1,252

The average daily number of effective visits per Health Visitor was 22.

Unfortunately at present, the services of the Health Visitors are seldom used by the General Practitioners, but at the end of the year, the County Medical Officer of Health received representatives of the Consett Division of the British Medical Association when the subject of co-operation between Health Visitors and General Practitioners was discussed and the general subject of liaison between the General Practitioners, Local Authorities, and the Local Health Authority personnel was also raised. The present lack of integration between the Sanitary District Health Department and the Local Health Authority personnel is to be regretted.

(d) County Ambulance Service

The Urban District comes within the area served by the Consett Ambulance Control (with its staff of four clerk-telephonists maintaining a 24-hour service) but is served in the main by the County Depot situated in East Street, East Stanley. The establishment of personnel and vehicles at this latter depot is as follows :

Driver-attendants	...	...	...	...	...	16
Ambulances	...	...	...	...	...	6
Breakdown Vehicle	...	...	...	...	...	1

The following table gives details of work undertaken by the Stanley Depot during the year 1954.

Journeys Undertaken	Cases carried			Miles Covered
	Stretcher	Sitting	Total	
5,059	2,846	16,275	19,121	132,027

It should be noted however, that the conveyance of cases resident in the Urban District is not completely restricted to the Stanley Depot but is undertaken by the unit which is most convenient at any given time. All requests for ambulances are made to the Consett Ambulance Control (Telephone No. Consett 411).

(e) Prevention of Illness—Care and After-care

As a result of proposals approved by the Ministry of Health in 1948 and modified in certain respects up to November, 1954, the Local Health Authority ceased to employ the District Care Committee as their agents and themselves discharge the functions imposed on the Authority by Section 28 of the National Health Service Act, 1946, it being considered that these functions might be exercised through the Area Health Sub-Committee.

It was also proposed to attach a Social Worker (who may serve more than one Committee) who would co-operate with hospital almoners, the officers of the Ministry of National Insurance and Ministry of Labour and National Service, officers in the Local Health Authority Service, Medical Officers of Health and other persons and organisations to assist persons who require care as a result of illness.

Those cases discharged from hospital and requiring aftercare are visited by the Home Nurse if necessary or supervised and advised by the Health Visitor if this should be required. Nursing requisites can be hired from the Central Depot in Durham City.

(f) Domestic Help Service

This service has been used even more extensively during the year than previously. The object of the service is to provide domestic help for households "where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age."

The service cannot provide a twenty-four hour one for bedridden invalids nor are Home Helps sick visitors; they are experience housewives who can cook, wash and clean, and who can only stay in the house just as long as it takes them to get through the necessary work.

Charges are made, the amounts depending on the income of the household, but these are extremely generous.

At the beginning of January, 1954, 279 cases in this District were being served by a Home Help. There were 119 new cases during the year, and of the total of 398 cases receiving the service, 348 were old age pensioners, 41 were suffering from sickness, two from Tuberculosis and there were seven maternity cases.

4. Hospital Services

The Local Hospital Services are administered by the North-West Durham Hospital Management Committee on behalf of the Newcastle Regional Hospital Board. The Secretary has kindly provided the following information on the Hospitals and Clinics serving this Area.

Maiden Law Hospital

At 31st December, 1954, the following number of beds were available :—

Ear, Nose and Throat	...	...	...	...	36
Chest Unit (Tuberculosis)	...	...	...	...	72
Total	...	...	...	...	<u>108</u>

Lee Hill Hospital

This Hospital, with a complement of 307 beds (62 of which are used as Part III accommodation for the County Council) and a Medical Out-patients' Department, deals with the Chronic Sick and includes a section for Orthopaedic Tuberculosis cases.

Bed allocation is as follows :—

Orthopaedic	...	...	...	...	...	28
Mental	...	...	...	...	...	44
Chronic Sick	...	...	...	...	...	173
Part III Accommodation	...	...	...	...	...	62
Total	...	...	...	...	...	<u>307</u>

Shotley Bridge General Hospital

Out-patient facilities for all the Specialties exist at this Hospital. The 557 beds are allocated as follows :—

Surgical	...	...	...	...	...	122
Medical	...	...	...	...	...	98
Gynaecological	...	...	...	...	...	43
Orthopaedic	...	...	...	...	...	27
Paediatrics	...	...	...	...	...	26
Thoracic Surgery	...	...	...	...	...	150
Radiotherapy	...	...	...	...	...	50
Plastic Surgery	...	...	...	...	...	41
Total						<hr/> 557 <hr/>

Richard Murray Hospital

There are 32 Obstetric beds at this Hospital.

Infectious Diseases Hospital

Patients in the Area suffering from infectious diseases were admitted to the Chester-le-Street Infectious Diseases Hospital.

South Moor Hospital

The 38 beds are allocated as follows :—

Thoracic Surgery	...	...	...	...	24
Orthopaedic and General Surgery	...	...	...	...	14

Out-patient facilities for Surgery, Medicine, Ophthalmology, etc., also exist at this hospital.

Chest Clinic

As from the 12th October, 1953, the newly opened Chest Clinic in the grounds of the South Moor Hospital replaced the service provided at the unsuitable premises at Barnhill.

The following sessions operate :—

Monday mornings, 9.15 a.m. each week	...	Males.
Monday afternoons, 2 p.m. each week...	...	Contacts of known cases of Tuberculosis
Tuesday afternoons, 2 p.m. each week	...	Artificial Pneumothorax and Pneumoperitoneum refill session.
Thursday mornings, 9.15 a.m. each week	...	Females.
Thursday afternoons, 2 p.m. each week	...	Children—up to 16 years of age.

Venereal Diseases

Treatment and diagnostic facilities are provided by clinics outside the Area as follows :—

Newcastle General Hospital, Westgate Road, Newcastle upon Tyne.

Males and Females :—

Monday to Friday : 9.30 a.m. to 12 noon ; 2 p.m. to 7 p.m.

Saturday : 9.30 a.m. to 1 p.m.

Sunday (Emergency only) : 10 a.m. to 12 noon.

Durham County Hospital :

Females : Monday and Thursday, 2 p.m. to 4 p.m.

Males : Monday and Thursday, 4.30 p.m. to 5.30 p.m.

5. Executive Council Service

There are 23 general medical practitioners, six dentists and nine chemists operating in the Urban District.

6. Old People and their Homes

During the year my attention was drawn to the circumstances under which an old person would have to live following the removal to a mental hospital of an unmarried daughter who had been giving her the necessary care and attention. As there was no one else able or willing to take over the responsibility and the old lady refused to go to hospital, it was therefore necessary to obtain a Magistrate's Order under Section 1, Sub-Section 1, of the National Assistance Act, 1951, for her compulsory removal and detention in Lee Hill Hospital.

In the County Council's building programme for the year 1955/56, it is proposed to build a hostel for old people in the Stanley District. This will provide accommodation for 38 old people at an estimated cost of almost £38,705. Most of this accommodation will be in the form of single bedrooms but there will be also two rooms each to accommodate two persons, and two rooms each to accommodate four persons.

7. Health Education

In October the Council agreed to purchase monthly enough copies of the journal "Better Health" to supply each school in the area, all the Members of the Council, and to provide one copy for the waiting room of each General Medical Practitioner's surgery.

"Better Health" is the official journal of the Central Council for Health Education and this magazine has proved a very popular and attractive means of promoting health education in the District.

Over the year, the contents of these booklets cover the whole field of health with particular reference to child health and nutrition, family matters, services provided by the Local Health Authorities, epidemiology, environmental and food hygiene, smoke abatement and home accidents.

8. Refuse Removal and Disposal

House refuse is collected from 4,007 ashpits weekly and 10,430 ashbins twice weekly, together with trade refuse twice weekly from 141 shops, etc., necessitating a total of 25,149 visits each week.

The estimated amount of refuse is 54,000 tons per annum.

The refuse is abnormally heavy and peculiar to a colliery district where the coal is supplied free to the miners and contains a high percentage of stone. These stones are still being separated from the coal and deposited either on the highway or the back streets and this has entailed additional costs for collection.

The total annual cost of collection and disposal for the year ending 31st March, 1955, was £27,602. This gives a rate of 10/3d. per ton and an equivalent rate in the pound of 3/0.8d. The average weight of refuse per 1,000 population per day is 64 cwts. and the nett cost per 1,000 population per year is £575.

9. Prevention of Damage by Pests.

During the year 404 inspections were made to private dwellings, business premises, local authorities' properties and agricultural premises. (See Appendix E).

The maintenance treatments of sewers and sewage disposal works were completed at two six monthly intervals as required by the Ministry of Agriculture and Fisheries. Test baiting of 502 manholes was carried out in March and 105 were found to be infested. During the first treatment in April 162 manholes were prebaited and poisoned and 91 were found to be infested. A post bait was carried out on 107 manholes and 30 were found to be infested.

In the September treatment 339 manholes were treated and 108 were found to be infested. In the post bait of 58 manholes 17 were found to be infested.

Twenty-one food shops and food preparation rooms were treated for infestation of rats and mice and proofing carried out as required. Seventy-two private dwellings were treated and in the case of minor infestation of mice tenants were shown how to carry out trapping and proofing on their own premises.

Close relations have been maintained with representatives of the Northern Division of the Ministry of Agriculture and Fisheries.

10. Disinfestation

During the year eight Council and 11 private houses found to be infested with bed bugs were disinfested.

The method of disinfestation carried out is by spraying with insecticides, removing or destroying infested woodwork where necessary and the washing down of articles with soap and water.

11. Pet Animals Act, 1951

During the year one licence for the keeping of pet animals was issued and routine inspections were carried out.

III. SANITARY CIRCUMSTANCES OF THE AREA

1. Water

(a) The public water supply furnished by the Durham County Water Board—a pure upland surface water obtained from a moorland catchment area—has been satisfactory in quality in all parts of the Area. With reservoirs situated at Smiddy Shaw, Waskerley Park, Hisehope and a filtering and chlorinating station at Honey Hill, the water is carried considerable distances in its distribution.

In the Stanley area the Greencroft to Flint Hill 12 inch diameter main was completed, a length of 3,700 yards, and this has cured the long standing shortages of water in the White-le-Head area. Unfortunately, however, as a result of the very greatly increased consumption due mainly to improved supplies to areas which previously were short, the pressure at Oxhill Villas, Oxhill, has been lowered and to overcome this a small storage tank is now being erected to supply these Villas until new mains can be laid into the area.

During the year the Durham County Water Board laid 910 yards of 3 in. main and 104 yards of 4 in. main to the housing schemes in Stanley Urban District.

The Board's own Laboratory in Consett has been completed and is now in charge of a Chief Chemist and Bacteriologist and all samples of water taken by the Board's officials are now analysed there. In all areas under your control a very high standard of bacteriological purity and a Chlorine residual of 0.1 p.p.m. has been maintained.

2. Drainage and Sewerage

The whole district is served by modern sewage disposal works at Dipton, Causey and Hustledown. There were no developments in connection with sewage disposal during the year and the only sewerage extensions which took place were those to new Council Housing Sites, etc.

3. Atmospheric Pollution

The most important event of the year on this subject was the publication in December of the Final Report of the Committee on Air Pollution—the Beaver Report—but implementation of certain or all the recommendations will only come after detailed consideration has been given to this document at Parliamentary level.

The problems, domestic as well as industrial, are of course ones which cannot be solved overnight and will entail expense and involve co-operation and sympathetic understanding from all those concerned.

There were a considerable number of complaints from the Craghead and Annfield Plain area about Atmospheric Pollution and it was therefore decided to estimate its extent and to do this, deposit gauges were placed in both areas. As a result of these investigations a deputation from the Council met representatives of the National Coal Board to discuss the whole of this problem. We were informed that the Craghead Colliery was to be electrified in the near future which would therefore rid us of the nuisance in this village while every effort would be made in the future to mitigate the nuisance at Annfield Plain.

4. Sanitary Conveniences

During the year, 59 conversions were carried out by private contractors leaving 709 privies in the area. It is expected that Part III of the Council Scheme for the conversion of the remaining convertible privies will be commenced during the year 1955.

The number of privies converted into water-closets since 1931 are as follows :—

1931	...	...	...	151	
1932	...	...	...	155	
1933	...	...	...	1,664	(including scheme for 1,460).
1934	...	...	...	250	
1935	...	...	...	142	
1936	...	...	...	230	
1937	...	...	...	103	
1938	...	...	...	47	
1939	...	...	...	471	(including part scheme for 1,295).
1940	...	...	...	3	
1941	...	...	...	1	
1942	...	...	...	2	
1943	...	...	...	6	
1944	...	...	...	12	
1945	...	...	...	6	
1946	...	...	...	7	
1947	...	...	...	4	
1948	...	...	...	51	
1949	...	...	...	58	
1950	...	...	...	57	
1951	...	...	...	80	
1952	...	...	...	192	(including part of conversion scheme).
1953	...	...	...	661	(ditto).
1954	...	...	...	59	
Total			...	4,412	

The following are the types of conveniences in the Area :—

Water-closets	...	...	...	14,029
Privies	...	...	...	709
Dry Ashpits	...	...	...	3,298
Ashbins	...	...	...	10,430

5. Housing
(a) General

The number of applications for Council houses received during January and February, 1954, was 2,001, which were classified as follows :—

Families without Homes	...	...	...	891
Overcrowding (Family Units)	...	...	...	314
Insanitary Dwellings	...	...	...	41
Medical	...	...	...	40
Aged Persons	...	...	...	324
Unclassified	...	...	...	391
Total			...	2,001

The following Council houses were completed during the year :—

2 Bedroom (Traditional)	...	...	...	...	...	...	20
3 Bedroom (Traditional)	...	...	...	...	...	...	48
3 Bedroom (Non-traditional—by contract)	...	...	...	...	...	...	150
Aged Persons' Homes with 2 Bedrooms (Traditional)	...	...	...	...	...	...	12
Total							230

Of these, the following were occupied (including 12 Aged Person's Homes)	236
Casual Lettings (including 23 Aged Person's Homes)	107
Privately Owned Houses completed during the year	9

The total number of persons rehoused in Council houses during the year was 1,259 (including 53 persons rehoused in Aged Persons' Bungalows).

Medical Priority

The Council's practice of allocating 10% of new houses and casual lettings to medical cases was continued and in view of our concern to reduce the incidence of Tuberculosis in the Area, all of this allocation was granted to overcrowded families or families living in insanitary circumstances, in which one or more persons were suffering from Tuberculosis. Due regard was given to the family income and rent payable for the Council house to ensure that no financial hardship nor deterioration in nutritional state would ensue following rehousing.

A total of 112 applicants for Council houses requested medical priority during the year, but only 40 were considered to justify special consideration. Of these, 22 families (79 persons) were rehoused making a total of 150 families rehoused since 1946 on grounds of Tuberculosis.

Overcrowding

The number of applications on the 1954 Housing List is 314 which are confined specifically to the one-family unit and the selection of tenants is based on the points system of two persons to one room and allowing for separation of children according to age and sex.

The following table shows the number of persons and families together with the number of bedrooms.

No. of Persons in House	Total No. of Persons	No. of Families	No. of Bedrooms		
			1	2	3
3	288	96	96	—	—
4	324	81	81	—	—
5	415	83	28	55	—
6	222	37	10	27	—
7	56	8	1	7	—
8	32	4	—	4	—
9	18	2	2	—	—
10	10	1	—	1	—
11	22	2	—	—	1
Totals ...	1,387	314	218	94	1

It will be noted that approximately 70% of the applications are from families living in one-bedroom houses.

20% of all Council houses let during the year were occupied by 57 overcrowded families (676 persons). (Average persons per house—3.6).

Insanitary Dwellings

During the year the following properties were dealt with under the Housing Acts :—

	No. of Houses.	No. of Persons displaced.
1. Individual Unfit Houses Demolished (Section 11)	12	38
2. Individual Unfit Houses Demolished (Informal Action)	—	—
3. Individual Unfit Houses Closed (Informal Action) ...	28	92

Demolition Orders

The following particulars show the position regarding houses under Demolition Orders :—

1. No. of houses occupied at 31.12.54	3
2. No. of houses standing empty at 31.12.54	5
3. No. of Demolition Orders served during 1954	1
4. No. of sub-standard houses to be dealt with under Section 11 of the Housing Act, 1936	483

Improvement Grants—Housing Act, 1949 and Housing Rents and Repairs Act, 1954

During the year 121 preliminary applications were considered by the Department and submitted to the Council, seven of which were rejected. Thirty-six formal applications were then dealt with by the Clerk and Surveyor, approved by the Council and by the end of the year improvements had been carried out at two of these properties.

(b) Notices served under the Public Health and Housing Acts.

	No. of INFORMAL Notices served	No. of STATU-TORY Notices served	Defects remedied after Notice.
Housing	152	27	125
Sanitary Conveniences :			
Insufficient	1	—	—
Defective	47	5	44
Drainage	47	7	33
Shops Act	1	—	1
Slaughter Houses	7	—	7
Factories and Workplaces	1	—	1
Insanitary Ashpits and Receptacles	42	—	44
Smoke Nuisances	4	—	2
Prevention of Damage by Pests Act, 1949	7	—	7
Total	309	39	264

(c) **Analysis of Inspections, 1954**

Housing Defects : Inspections	...	...	...	...	...	...	...	...	322
Revisits	...	...	...	...	...	...	...	...	664
Drains	...	...	...	...	...	...	...	...	381
Water-closets	...	...	...	...	...	...	...	...	68
Ashpits and Ashbins	...	...	...	...	...	...	...	...	185
Yard	...	...	...	...	...	...	...	...	21
Foul Conditions	...	...	...	...	...	...	...	...	20
Housing Acts : Inspections	...	...	...	...	...	...	...	...	940
Demolition	...	...	...	...	...	...	...	...	12
Overcrowding	...	...	...	...	...	...	...	...	14
Verminous Premises	...	...	...	...	...	...	...	...	38
Meat Pool	...	...	...	...	...	...	...	...	356
Dairies and Milkshops	...	...	...	...	...	...	...	...	8
Water Samples	...	...	...	...	...	...	...	...	6
Ice Cream Samples	...	...	...	...	...	...	...	...	30
Cottagers' Pigs	...	...	...	...	...	...	...	...	13
Rodent Infestation	...	...	...	...	...	...	...	...	535
Deposits of Refuse	...	...	...	...	...	...	...	...	22
Factories	...	...	...	...	...	...	...	...	249
Animals Improperly Kept	...	...	...	...	...	...	...	...	2
Smoke Nuisances	...	...	...	...	...	...	...	...	37
Infectious Diseases	...	...	...	...	...	...	...	...	58
Privy Conversions	...	...	...	...	...	...	...	...	283
Refuse Collection	...	...	...	...	...	...	...	...	15
Council Houses	...	...	...	...	...	...	...	...	62
Unsound Food	...	...	...	...	...	...	...	...	197
Food Premises	...	...	...	...	...	...	...	...	239
Shops...	...	...	...	...	...	...	...	...	207
Appointments	...	...	...	...	...	...	...	...	42
Miscellaneous	...	...	...	...	...	...	...	...	149
Total									5,175

6. Factories

During the year 249 inspections were carried out in the factories in the Area. (See Appendix C).

The following is a list of factories in the Area at the 31st December, 1954.

Ice Cream Manufacturers	...	...	...	...	...	...	...	...	5
Bakers	...	...	...	...	...	...	...	...	11
Butchers	...	...	...	...	...	...	...	...	23
Mineral Water Manufacturers	...	...	...	...	...	...	...	...	1
Milk Pasteurisers	...	...	...	...	...	...	...	...	1
Clothing Manufacturers	...	...	...	...	...	...	...	...	5
Dressmakers and Milliners	...	...	...	...	...	...	...	...	4
Printers	...	...	...	...	...	...	...	...	2
Ink Manufacturers	...	...	...	...	...	...	...	...	1
Plumbers	...	...	...	...	...	...	...	...	4
Builders and Contractors	...	...	...	...	...	...	...	...	14
Joiners	...	...	...	...	...	...	...	...	5
Painters	...	...	...	...	...	...	...	...	5
Blacksmiths	...	...	...	...	...	...	...	...	2
Boot Repairers	...	...	...	...	...	...	...	...	3
Radio Repairers	...	...	...	...	...	...	...	...	2
Brick and Tile Manufacturers	...	...	...	...	...	...	...	...	1
Watch Repairers	...	...	...	...	...	...	...	...	3
Glove Manufacturers	...	...	...	...	...	...	...	...	1
Drycleaners	...	...	...	...	...	...	...	...	1
Electrical Engineering	...	...	...	...	...	...	...	...	2
Marine Dealers	...	...	...	...	...	...	...	...	2
Motor Repairers	...	...	...	...	...	...	...	...	21
Gas Works	...	...	...	...	...	...	...	...	2
Witherite Plant	...	...	...	...	...	...	...	...	1
Building Sites	...	...	...	...	...	...	...	...	11
Electric Stations	...	...	...	...	...	...	...	...	3
Ball Bearing Factory	...	...	...	...	...	...	...	...	1
Total									137

There were no out-workers in the Area at 31st December, 1954

IV. INSPECTION AND SUPERVISION OF FOOD

(a) General

Two hundred and eighty-nine inspections were made to premises wherein food was manufactured, prepared, sold or distributed and on the whole conditions were found to be satisfactory.

Hygiene in Hospital Catering Establishments

Arrangements have now been made with the Hospital Authorities for regular inspections of all their catering establishments by your Medical Officer together with the Hospital Secretary and one of the Senior Medical Staff.

(b) Milk and Dairies Regulations, 1949

The following were on the register at the 31st December, 1954 :—

Dairies (not dairy farms)	...	...	...	Nil
Distributors	...	...	...	147

(c) Milk (Special Designation) (Raw Milk) Regulations, 1949

There were no licences issued during the year under review.

(d) Milk (Special Designation) (Pasteurised and Sterilised) Regulations, 1949

The following licences were issued during the year under review :—

Dealers' Licence to use the special designation " Pasteurised "	...	...	36
Dealers' Licence to use the special designation " Sterilised "	...	...	91
Dealers' Licence to use the special designation " Tuberculin Tested Milk (Pasteurised) "	...	...	33
Dealers' Supplementary Licence to use the special designation " Pasteurised "	...	...	1

(e) Food and Drugs Act, 1938

Routine inspections were carried out at all premises used for the manufacture, sale and storage of food.

The following premises were registered under the Act :—

Ice Cream Manufacture	...	...	...	...	...	...	8
Ice Cream Sale	...	...	...	...	...	...	111
Ice Cream Storage	...	...	...	...	...	...	31
Preparation or manufacture of Sausages, Potted or Pressed Foods	...	...	...	...	...	...	32
Preparation of Preserved Food—Fried Fish and Chips	...	...	...	...	...	...	33

(f) Ice Cream (Heat Treatment) Regulations, 1947

All premises used for the manufacture and storage of Ice Cream were regularly inspected during the year and a good standard of hygiene was maintained.

Samples of Ice Cream were taken periodically from all producers and submitted for bacteriological examination to the Public Health Laboratory.

Results were as follows :

						No. of Samples
Grade I	...	...	...	...	...	26
Grade II	...	...	...	...	...	—
Grade III	...	...	...	...	...	—
Grade IV	...	...	...	...	...	2

(g) Meat and Other Foods

(i) Slaughterhouses—Slaughtering Policy. On 9th February, 1953, the Minister of Food appointed a Committee, its terms of reference being “to prepare a plan recommending in what localities, subject to a policy of moderate concentration, slaughterhouses should be sited for the slaughter in England and Wales, of cattle, sheep and pigs; to recommend an order of priority for new works and major reconstructions; to make recommendations on the general principles of siting and the facilities which should be provided in these slaughterhouses, and to report on the changes that may be necessary in existing legislation to secure the central regulation of siting and design of slaughter houses.”

Shortly after this the Government announcing its intention to discontinue trading in meat when rationing ended (June or July, 1954) but at the same time however, re-affirmed its policy of moderate concentration of slaughterhouses. It was realised that with the end of rationing and allocation, more slaughterhouses would be required than were in use at that time, and the Minister of Food therefore, requested the Interdepartmental Committee to consider the form which, with due regard to the long-term policy, interim arrangements might be taken to ensure that meat distribution would be satisfactorily carried out when free marketing was resumed.

The Interim Report of the Interdepartmental Committee was published in January, 1954, and the Government on 17th February, 1954, accepted the majority of its recommendations and promised that slaughterhouses in Ministry occupation would be made available as public slaughterhouses for such local authorities as were willing to operate them.

Since responsibility for the licensing of private slaughterhouses remains with the local authority during the interim period prior to the implementation of moderate concentration, and since the Council was responsible for seeing that sufficient slaughtering accommodation was available for the district, it was decided in this area to licence a minimum number of private slaughterhouses and to demand that each of these should be of a fairly high standard. However, the somewhat precipitate termination of meat rationing with the return of the purchasing and slaughtering of animals to private individuals, left us little time to prepare for the change over. It raised many problems concerning the standard of the abattoirs necessary to ensure adequate facilities and particularly for the segregation of condemned carcasses and also problems concerning inspection and the provision of bacteriological and pathological facilities when necessary.

Meetings were held with the butchers in the Area and of the 32 butchers 17 wished to do their own slaughtering; of the 18 slaughterhouses licensed in 1939, only 14 were worthy of consideration and applications for licensing in respect of 12 were received. After various degrees of alterations to the premises, seven licences were issued.

One hundred per cent. inspection of all dressed carcasses has been made but as these slaughterhouses are situated in Burnopfield, Tantobie, Annfield Plain, Stanley, South Moor and Craghead, a considerable amount of time is spent travelling between them.

Condemned meats are stained in accordance with the Ministry's recommendations and are disposed of by agreement to a bye-product firm on the Tyneside, who specialise in this type of work. There has been no disruption in the service to the public.

Prior to this change-over the slaughter of food animals was carried out at a Central Depot outside the District and the meat brought into three Distribution Depots and inspected prior to allocation to the butchers. During this period the following were found to be unfit for human consumption and destroyed :—

Home Killed

- 13 lbs. Beef (Bruising).
- 16½ lbs. Mutton (Bruising).
- 17 lbs. Pork (Fracture and Bruising).
- 198 lbs. Mutton (Decomposition and Moulds).

Imported

- 476 lbs. Beef (Bone Taint).

Since the change-over the following animals were slaughtered in private slaughterhouses in the Area :—

Beast	...	...	...	...	...	...	551
Sheep	...	...	...	...	...	...	621
Pigs	...	...	...	...	...	...	224
Calves	...	...	...	...	...	...	3
Total							<u>1,399</u>

In addition, 13 pigs slaughtered for private use were examined in the various parts of the district.

For details of carcasses inspected and condemned for the period 1st July, 1954, to 31st December, 1954, see Appendix D.

(ii) During the year the following articles of food were found to be unfit for human consumption and destroyed :—

- | | |
|--------------------------|--------------------------|
| 22 lbs. Ham. | 25 tins Ham |
| 70¾ lbs. Cheese. | 75 tins Meat. |
| 13½ lbs. Sausage. | 19 tins Corned Beef. |
| 3½ lbs. Butter. | 322 tins Fruit. |
| 23 lbs. Bacon. | 5 jars Fruit. |
| 1¾ lbs. Veal. | 37 tins Evaporated Milk. |
| 15½ lbs. Ground Almonds. | 21 pkts. Dates. |
| 11 tins Baked Beans. | 59 tins Vegetables. |
| 7 tins Fish. | 1 pkt. Rice Crispies. |
| 13 jars Meat Paste. | 1 tin Cream. |
| 2 tins Syrup. | 1 jar Pickles. |

(h) Slaughter of Animals Act, 1933, and Amendment Act, 1954

The Amendment Act, which came into force on the 1st October, 1954, implemented to a large extent the recommendations of the Committee of Inquiry into the Slaughter of Horses (1953), most of its provisions applying to animals slaughtered in slaughterhouses and knackery yards as well as to horses.

It deals with the licensing of the premises for the slaughter of animals and premises used for the confinement of animals awaiting slaughter, the regulations for securing humane conditions and modifying previous legislation so that regulations may be made requiring the holder of a licence to slaughter only under the supervision of a fully qualified slaughterman and prescribing qualifications for holding licences.

There were 58 licensed slaughtermen on the register at the end of the year.

V. PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

I There was a decrease in the number of confirmed cases during the year compared with 1953 (756 as against 1,049), due mainly to fewer cases of Whooping Cough and Dysentery.

For analysis of notified and confirmed cases of notifiable diseases see Appendix B.

Communicable Diseases in Hospitals. Each Consultant has been designated Medical Officer for his own Department so far as control of infection is concerned, and the Medical Advisory Committee acts as the Control of Infection Committee.

During the year all cases of infectious disease needing hospitalisation were admitted to Chester-le-Street Infectious Diseases Hospital.

Notifiable Diseases reported during the Year 1954

The following table gives particulars of the incidence of notifiable diseases (other than Tuberculosis) in the Area during the year.

Disease	Total Number of Cases Notified	Total Number of Cases Confirmed	Cases Admitted to Hospital	Total Deaths
Scarlet Fever	47	47	2	—
Whooping Cough	126	126	2	2
Diphtheria	1	—	1	—
Measles	435	435	4	—
Pneumonia	72	71	13	4
Meningococcal Infection	3	1	3	—
Acute Poliomyelitis	2	2	2	—
Dysentery	41	40	5	—
Puerperal Pyrexia	2	2	—	—
Para-typhoid Fever	—	—	—	—
Erysipelas	10	10	—	—
Food Poisoning	17	16	1	—
Totals	756	750	33	6

Scarlet Fever. The number of cases decreased from 62 in 1953 to 47 this year. This however, is no indication of the incidence of the causative organism in the community.

The infections were mild in type, only two were admitted to hospital and there were no deaths.

Whooping Cough. There were 126 cases notified during the year as compared with 297 in the previous year. I feel however, that this is by no means a true indication of the extent of the disease in the community, there being a large number of mild or undiagnosed cases acting as a reservoir of infection. Two of the above cases, aged two years and six months, were admitted to hospital and died as a result of the disease.

While it is believed that a number of vaccines are beneficial in preventing this disease, the results of controlled experiments are awaited before any County Council policy about general immunisation against the infection is to be decided. It is a potentially dangerous disease to which infants are particularly vulnerable and a number of General Practitioners in the Area are in my mind very wisely immunising selected children.

Diphtheria. One case was notified but this was not confirmed. While the annual incidence of cases and the number of deaths from Diphtheria has diminished dramatically since the commencement of immunisation, it is important to ensure that all children continue to be adequately immunised, and in particular to secure immunisation of not less than 75% of babies before their first birthday. Unfortunately, the percentage of those immunised under one year is regrettably low. While parents in this district are always very ready to have their children immunised at school, there appears to be a reluctance to have the pre-school children taken either to the Clinic or the General Practitioner for the necessary immunisation procedure. In view of the fact that our school schemes are only arranged every four years, a large number of unimmunised children start school during this period, and we must realise that these would be exposed to considerable risk should an epidemic occur. At the end of the year, only 49.4% of the children under five years of age had been immunised but 71.4% of school children could be considered to have adequate immunity, i.e., they had been immunised within the last four years.

The total numbers (all age groups) immunised during the year were as follows :—

Primary Injections	...	...	...	...	530
Boosters	...	...	...	...	323

Number of cases and deaths from Diphtheria (per 1,000 population) since 1937 are as follows :—

Year.	No. of Cases	No. of Deaths
1937	332	13
1938	395	23
1939	196	6
1940	173	10
1941	105	3
1942	125	3
1943	113	4
1944	145	5
1945	97	6
1946	37	1
1947	11	1
1948	3	1
1949	1	—
1950	2	—
1951	1	1
1952	—	—
1953	1	—
1954	—	—

Measles. The number of cases suffering from this disease during the year was 435 as compared with 205 in 1953. There were no deaths and the increase of cases follows the normal course of periodic epidemics which, on this occasion, started in Lanchester district and ultimately spread over the Stanley area.

Pneumonia. There were notified 72 cases of this disease during the year of which 13 were admitted to hospital.

Influenza. This was the cause of four deaths.

A number of local General Practitioners act as “spotters” and report to me any indication of the beginning of influenza or influenzal like illnesses in epidemic form. A scheme has been worked out with the Public Health Laboratory Service for taking blood samples from selected cases where necessary so that the causal organism can be identified and vaccine prepared when an epidemic is anticipated.

Meningococcal Infection. There were three notifications of this disease, all were admitted to hospital and in one case the diagnosis was confirmed.

Poliomyelitis. In co-operation with the other local authorities in the Northern Region a detailed investigation was made of the epidemiology of this disease and our results forwarded for analysis to the Ministry of Health. During the year, two confirmed cases occurred ; the first, diagnosed at the beginning of June, was a male child aged one year from the Catchgate area but, as far as I could discover, it had no contact whatsoever with anyone outside the district or with any individual with suspicious symptoms. The second, also aged one year, was a little girl from the Causey area at the opposite side of the district. This case first developed symptoms at the end of August and again I was unable to trace any contact with a confirmed case or individual suspected of suffering from the disease. Although both had some degree of paralysis originally they recovered completely with minimal disability. Neither had been vaccinated, immunised, or had had any throat or other operations within the thirteen weeks prior to the onset of symptoms.

At the time of writing this Report, the news from America of the alleged success of a vaccine against this disease has just been announced. If it proves possible to introduce this with success in England a great advance will have been made in reducing the incidence and ravages of the disease. However, a great deal of research has still to be carried out before its introduction into this country can be advocated with confidence. We need to know the optimum dose of the vaccine, the duration and degree of immunity conferred, the age group of the population which should with the greatest advantage be inoculated, etc., and it is quite possible that before we have all this data that an avirulent live vaccine of even greater potency will be prepared in this or some other country. The news cannot be but received with delight, nevertheless I would advise patience while controlled experiments are carried out by the British Medical Research Council.

Food Poisoning. There were 16 cases (17 notified) of this disease as compared with 66 (64 notified) in the previous year. One case was admitted to hospital

Monthly totals were as follows :—

February	...	...	...	...	...	3
March	...	...	...	...	...	2
April	...	...	...	...	...	3
May	...	...	...	...	...	3
June	...	...	...	...	...	1
October	...	...	...	...	...	3
November	...	...	...	...	...	1
Total						<hr/> 16 <hr/>

These cases involved 12 families in which 4 could be said to be family outbreaks, the rest being sporadic cases. The organisms responsible were as follows :—

Coagulase Positive Staphylococcus Aureus	...	12
Salmonella Typhi-murium	... ..	2
Unknown	... ..	2
Total		<u>16</u>

Dysentery. There were 41 cases notified (40 confirmed) as compared with 321 (316 confirmed) in 1953. That cases are still being notified is due partly to the greater awareness of General Practitioners to the possibility of this disease as the causation of minor intestinal upsets, with the resulting submission of specimens to the Laboratory for confirmation, but mainly to the fact that this very contagious disease is now endemic in parts of the community. In the majority of cases the children in the family are first infected by other children who are carriers or cases with mild symptoms, and they then introduce it into the households. The disease was usually mild in nature with clinical recovery in a few days. Early diagnosis and adequate treatment is of course necessary but the sheet anchor of prevention is attention to personal hygiene—particularly thorough hand-washing after being to the toilet—and clean food handling habits, although it is my impression that food plays no large part as a vehicle of infection. We have had at all times willing and ready co-operation from General Practitioners, Staff of schools and the Divisional Education Office and food handlers in general, in our attempts to control its spread.

Smallpox. No cases of this disease occurred in the Area during the year under review but in each Annual Report I include comments under this heading as a reminder of the ever present possibility of its importation into the Country and the necessity of being prepared to meet this eventuality.

The value of vaccination in preventing deaths from Smallpox has long been well established, yet the practice of vaccination commenced to decline in 1898 with a further decline since it became entirely optional at the inception of the National Health Service Act. In 1903, 75% of the infants in England and Wales were vaccinated ; in 1936 it had dropped to 39%, while in 1949 the acceptance rate for primary vaccination in those under one year was 28%. In Stanley Urban District, annual percentages for 1949 to 1954 are 6.7%, 5.1%, 7.1%, 21.2%, 16.4%, 14.4% (150 were vaccinated and 22 re-vaccinated during 1954).

The low vaccination acceptance rate can only be regarded with grave concern since the infection introduced into the Country may be carried just as easily to Stanley as to any other part of the Country.

A pamphlet regarding vaccination is sent from the County Health Department to parents when their children attain the age of three months and the health visiting staff are provided with details of children vaccinated in order that they can visit those not protected.

I would again urge all mothers of infants to make arrangements with their General Medical Practitioner to have this done.

II TUBERCULOSIS

It is with great pleasure and satisfaction I now report only five deaths from Tuberculosis as compared with 11 last year—the lowest number ever recorded in the District. The number of notifications, however, have increased from 58 in 1953 to 67 this year, statistics which remind us that while early detection of new cases by means of Mass X-ray methods, institution of surgical measures and the introduction of new drugs has helped to accelerate the falling deathrate, remedial methods adopted after the disease has developed will never on their own, rid us of this incapacitating condition.

If we are to ensure that preventive action does not lag behind the recent advances in treatment we must keep foremost in our minds :—

- (1) that a person has to be infected by the tubercle bacillus before the disease can develop ;
- (2) that sputum, saliva and milk are the vehicles by which the infection is mainly transmitted ;
- (3) that certain age groups are more likely to develop the disease should they be infected ; and
- (4) that continuous and frequent exposure to germs over a period, particularly during a phase of debility, may break down even a strong natural or acquired resistance.

That we are still being notified of new cases means that a reservoir of infection still exists and that there must be many infectious cases who have not yet been persuaded to undergo X-ray examination.

Very shortly after this report is published, all the milk retailed in the Area will either be heat-treated in such a way that any tubercle bacilli present will be killed, or will come from herds proved to be free from Tuberculous infection. It therefore remains for us to induce every inhabitant to be X-rayed, and then if newly discovered cases are adequately treated immediately and care is also exercised by known Tuberculosis cases to prevent spread of infection, and susceptible children and adults protected by B.C.G. vaccination, most of our troubles in this field will be over.

B.C.G. is one of the most promising of the newer preventive vaccines and as parents in this district are most anxious to safeguard their children against some of the risks which, to our grandfathers, were inescapable “ laws,” our first step in this direction was taken at the end of the year.

In November, 1953, the Minister of Health stated his readiness to approve the extension of existing arrangements in the Country so that Local Health Authorities might offer B.C.G. vaccination to school children during the year preceding their fourteenth birthday—before this date, only certain groups of the population at special risk, e.g., nurses, medical students and contacts of Tuberculous cases could be dealt with. The Durham County Council, after further consideration of this Circular, approved proposals for a Pilot Scheme in the Stanley Urban District and this was carried out at the schools and during school hours in December, 1954.

A meeting was called to which all the school teachers in the Division were invited, the project was discussed, questions of doubt and difficulty answered, the Director of Education having already sent a letter to all head-teachers of schools involved urging them to co-operate in every way. Talks and film shows to Parent-Teacher Associations were given, the Chest Physician was brought

fully into the picture and all the General Medical Practitioners were given detailed information of the results to expect and asked to notify me of any complications should they occur. An explanatory letter and pamphlet were sent together with consent forms to parents of children born during 1941 and these forms were later collected by teachers. H.M. Inspector of Schools was of considerable assistance and a time-table was ultimately agreed upon so as to accommodate examinations, speech-days, etc., without affecting the rigid time-table inherent in the immunisation process itself.

The scheme commenced on Tuesday, 23rd November. Each of the nine schools involved were visited twice—on the Tuesday the Tuberculin tests were given to all the available children whose parents had consented to the procedure and the test read on Friday of the same week, all negative reactors being given B.C.G. that afternoon. The whole scheme extended over a four week period ending on Friday, 17th December. Immediately children were vaccinated a letter was sent to their parents telling them of the date of vaccination and the results to be expected, and lists of vaccinated children were sent to the appropriate General Medical Practitioner. The scheme worked very well. We were, however, unfortunate in that while the acceptance rate (83.16%) was very high the timing coincided with an epidemic of “the common cold” and Measles which affected a large number of school children. A considerable number of parents whose children were absent because of illness have however, asked if they could be included in the next scheme.

The following table summarises statistically the whole procedure and it will be observed that no less than 83.16% of parents agreed to the vaccination of their children, 462 were given a tuberculin test and 316 received B.C.G. vaccine to boost their resistance to Tuberculosis. The number of positive reactors to the initial tuberculin test (23.5%) was surprisingly low and would seem to indicate that the reservoirs of tuberculous infection are diminishing and the possibility of being infected with the tubercle bacilli in the very susceptible childhood period is being reduced.

No complications of either the skin test or B.C.G. vaccination were reported to me but during inspection of all arms of those who were given B.C.G. I did find one case where the ulcer was larger than normal. Following treatment, however, this subsided without any disability. I think we can claim that the Scheme was a great success; parents, teachers and general practitioners were all most co-operative and I hope that we will be able to make this an annual event.

In June, 1955, parents of all those children who had skin tests were asked to consent to have their children X-rayed by the Mass Radiography Unit during its visit to the district. The County Education Committee agreed to pay the necessary cost of transporting the children from the outlying schools and arranged escorts. Of the 462 children Tuberculin tested in December, 1954, 417 were X-rayed, seven were recalled for large films but in only one case was any abnormality detected, this being a known congenital heart defect.

Forty-six contacts of known Tuberculous cases received B.C.G. vaccination at the Chest Clinic.

B.C.G. SCHEME—SCHOOL LEAVERS **STANLEY URBAN DISTRICT**

1.	SCHOOL	2.	3.		4.*		5.		6.		7.	8.*	
			Consents		Given Skin Test		Positive Reactors		Negative Reactors				
			No.	%	No.	%	No.	%	No.	%			
		Esti- mated No. in Age Group											
	Burnopfield Modern	62	50	80.7	46	92.0	14	31.1	31	68.9	1	31	68.8
	Dipton R.C.	13	11	84.6	10	90.9	2	20.0	8	80.0	0	8	72.7
	Dipton Collierley Modern	51	43	84.3	39	90.7	5	13.9	31	86.1	3	31	70.4
	Catchgate Modern	46	31	67.4	23	74.2	5	21.7	18	78.3	0	18	78.2
	Annfield Plain Modern	137	102	74.5	92	90.2	18	21.7	65	78.3	9	65	78.3
	Bloemfontein Modern	53	46	86.8	39	84.8	2	5.7	33	94.3	4	33	94.2
	Towneley Memorial R.C.	32	27	84.4	24	88.8	7	35.0	13	65.0	4	13	65.0
	Shield Row Modern	187	162	86.6	115	71.0	17	19.5	70	80.5	28	70	79.5
	Stanley Grammar	90	86	95.6	74	86.0	27	36.7	47	63.3	0	47	63.5
	Total	671	558	83.2	462	82.8	97	23.5	316	76.5	49	316	73.8

* Column 4 (b) gives % of acceptors present at school and therefore given skin tests.

* Column 8 (b) gives % of available acceptors who were given B.C.G.

Skin test used was intra-dermal Mantoux 10 I.T.U.—P.P.D.

B.C.G. was given in doses of 0.1 ml. intra-dermally.

1. Statistics

					Pulmonary	Non-Pulmonary	Total
(a) No. of new cases notified during the year :—							
	Males	...	...	...	35	7	42
	Females	...	...	...	23	2	25
					—	—	—
	Totals	...	...	...	58	9	67
					—	—	—
(b) No. of deaths registered :—							
	Males	...	...	...	4	—	4
	Females	...	...	...	1	—	1
					—	—	—
	Totals	...	...	...	5	—	5
					—	—	—
(c) No. of cases on the Tuberculosis Register :—							
	Males	...	...	...	228	46	274
	Females	...	...	...	224	54	278
					—	—	—
	Totals	...	...	...	452	100	552
					—	—	—

Age distribution of new cases and deaths are as follows :—

Age Period	C A S E S				D E A T H S			
	Pulmonary		Non- Pulmonary		Pulmonary		Non- Pulmonary	
	Years	M.	F.	M.	F.	M.	F.	M.	F.
0—4	2	—	—	—	—	—	—	—
5—10 ...	1	—	2*	—	—	—	—	—
11—15 ...	1	2	1	—	—	—	—	—
16—20 ...	9	7	—	—	—	—	—	—
21—25 ...	2	5	—	—	—	1	—	—
26—30 ...	1	3	1	1	1	—	—	—
31—35 ...	6	1	2	—	1	—	—	—
36—40 ...	3	1	—	1	1	—	—	—
41—45 ...	—	2	—	—	—	—	—	—
46—50 ...	4	—	—	—	1	—	—	—
51—55 ...	1	—	—	—	—	—	—	—
56—60 ...	2	—	—	—	—	—	—	—
61—65 ...	3	1	—	—	—	—	—	—
66—70 ...	—	1	—	—	—	—	—	—
71—75 ...	—	—	1	—	—	—	—	—
76—80 ...	—	—	—	—	—	—	—	—
Age unknown	—	—	—	—	—	—	—	—
Totals	35	23	7	2	4	1	—	—
	58		9		5		—	
	67				5			

* 1 Tuberculous Meningitis.

Notification of Tuberculosis

There was an increase in the number of cases notified—67 as compared with 58 last year.

The general public are much more conscious of the importance of early diagnosis and much more ready to take advantage of X-ray facilities and seek medical advice.

The Mass Radiography Unit visited Stanley from the 5th to 16th July, 1954. Visits were also made to a hospital and factory from the 15th to 26th March, 1954, and 18th to 29th October, 1954.

The following are the results of these visits :—

				Mass Miniature Films	Newly Discovered Cases—Active
Doctors' Cases	...	...	...	43	—
Ante-Natals	...	...	...	4	—
Miners	...	...	...	769	1
Miscellaneous Groups	...	...	...	405	—
Schools (Pupils and Staff)	...	...	...	705	—
General Public	...	...	...	1,233	4
				<hr/>	<hr/>
Totals	...	...	...	3,159	5
				<hr/>	<hr/>

When the Unit is in the District, all school leavers at the Senior Schools are invited to attend the sessions, the County Education Committee having agreed to allow time off during school hours for this purpose.

Deaths from Tuberculosis

Five deaths were notified during the year, as compared with 11 last year. The graph shows the general trend of the death rate since 1934.

Number and rate per 1,000 population of notification and deaths over the last twenty^{one} years are as follows :—

Year	No. of Notifications	Rate per 1,000 pop.	No. of Deaths	Rate per 1,000 pop.	No. of Sanatoria Admissions
1934	64	1.3	34	.75	—
1935	67	1.4	22	.49	—
1936	57	1.2	24	.66	—
1937	52	1.0	21	.41	—
1938	85	1.6	18	.35	—
1939	74	1.5	25	.50	—
1940	70	1.5	27	.56	—
1941	66	1.4	32	.69	—
1942	52	1.1	22	.48	—
1943	73	1.6	30	.66	—
1944	53	1.1	21	.46	—
1945	45	0.9	26	.56	—
1946	67	1.2	24	.50	28
1947	83	1.7	34	.70	29
1948	91	1.8	30	.61	31
1949	73	1.5	17	.35	37
1950	64	1.3	16	.33	29
1951	96	2.0	8	.16	68
1952	63	1.3	11	.23	64
1953	58	1.2	11	.23	40
1954	67	1.4	5	.10	68

Tuberculosis Services for the Area

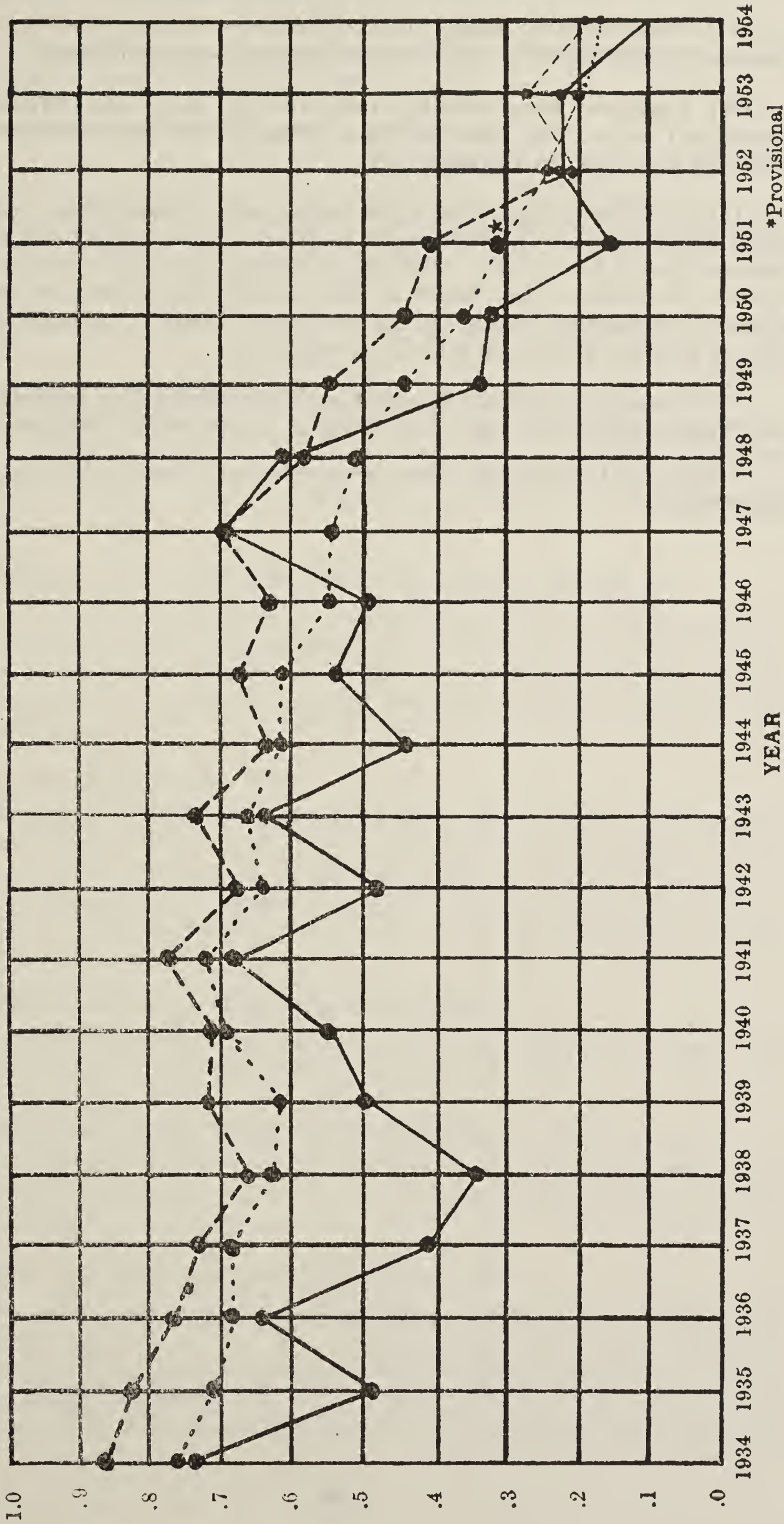
(i) At the Chest Clinic at South Moor Hospital, special sessions have been arranged for contacts of known cases of Tuberculosis, new and old cases and for artificial pneumothorax and pneumo-peritoneum refills. Eligible contacts received B.C.G. vaccination.

(ii) Those needing sanatorium treatment are in the main admitted to Maiden Law Tuberculosis Unit ; those needing major surgical treatment being

NUMBER OF DEATHS FROM TUBERCULOSIS PER 1,000 POPULATION
PER YEAR

STANLEY U.D. ———
DURHAM COUNTY - - - - -
ENGLAND & WALES

COMPARATIVE TUBERCULOSIS MORTALITY RATES 1934 - 1954



*Provisional

transferred to Seaham Hall, Poole or Wolsingham Sanatorium. During the year 68 cases of Tuberculosis were admitted for hospital treatment.

(iii) There were 552 patients on the Tuberculosis Register at the end of the year, six received special rehabilitation and four were re-trained.

(iv) After-care responsibility rests entirely with the Durham County Council, all day to day administration being carried out centrally. Nursing requisites are stored in Durham City.

(v) In Ministry-approved amendments and proposals for carrying out duties under Section 28 (Prevention of Illness, Care and After-Care) of the National Health Service Act, 1946, the Durham County Council indicate their intention to make arrangements to offer B.C.G. vaccination, subject to the necessary preliminary tests and to obtaining parental consent, to school-children between their 13th and 14th birthdays.

(vi) Twenty-two Council houses have been allocated to potentially infectious Tuberculosis cases who were living in overcrowded circumstances.

A total of 150 families have been rehoused since 1946 on grounds of Tuberculosis.

VI. RELEVANT NEW LEGISLATION

Puerperal Pyrexia (Amendment) Regulations, 1954

These Regulations which were to come into operation on 1st March, 1955, now stipulate that all Medical Practitioners must, while notifying Puerperal Pyrexia, give the cause where this is known.

Housing Repairs and Rents Act, 1954

This Act makes further provision for the clearance and re-development of areas of unfit housing accommodation and for securing or promoting the reconditioning and maintenance of houses ; and amends the enactments relating to housing, the exercise of certain powers relating to land and rent control. It came into operation on 30th August, 1954.

Housing Improvement Grants Regulations, 1954, and Circular 36/54

The Regulations revoke the earlier ones but again prescribe £800 as the upper limit. The lower limit therefore reverts to £100 as provided by the Act. It came into operation on 21st April, 1954. The Circular encourages local authorities to consider grants for the improvement or conversion of housing accommodation and sets out requirements which the Minister has specified for a dwelling in respect of which an improvement grant can be made under the Housing Act, 1949.

Ministry of Housing and Local Government Circulars 53, 54 and 75

The first Circular draws attention to the provisions of the Housing Repairs and Rents Act which allows " repairs increase " of the rents of controlled houses given certain conditions, and deals with certificates of disrepair. The other two Circulars amplify Part I of the Repairs and Rents Act, 1954, and outline Slum Clearance procedure.

Rent Restrictions Regulations, 1954

These Regulations give examples of the forms which are to be used when a landlord increases the rent of his tenant on account of improvements carried out by the landlord or on account of increased rates payable by him together with the form of notice to be inserted in every rent book or other similar document used by or on behalf of a landlord in respect of a dwelling house to which the Rent Restrictions Act applies.

Housing Repairs (Increase of Rent) Regulations, 1954

These Regulations prescribe the form of notice and other documents in use for the purpose of the Housing Repairs and Rents Act, 1954

Housing Repairs and Rents (Rent Tribunal) Regulations, 1954

These Regulations outline provisions relating to the procedures before rent tribunal under Section 24 (3) (b) and 40 (2) (b) of the Housing Repairs and Rents Act, 1954.

Slaughterhouses Act, 1954 and Circulars 5/54 and 10/54

This Act makes local authorities responsible for the time being for securing that adequate slaughtering facilities are available locally. It explains and amends the law with respect to the provision by local authorities of public slaughterhouses, the making of charges in respect of such slaughterhouses and the granting and renewal of licences under Section 57 of the Food and Drugs Act,

1938 ; it makes further provisions with respect to the regulation and restriction of private slaughterhouses and the payment of compensation where a licence or registration in respect of such slaughterhouses is refused or ceased to be in force.

The accompanying circulars amplify and give advice on the implementation of the Act.

Slaughter of Animals (Amendment) Act, 1954 and M.F. Circular 15/54

The Act came into operation on 1st October, 1954. It implements certain recommendations of the Committee of Inquiry into the slaughter of horses, and amends the enactments relating to the slaughter of animals.

The circular deals with the licensing of premises for the slaughter of animals, regulations for securing humane conditions, licensing of slaughtermen, and extends to all animals the provisions of subsection (1) of the Slaughter of Animals Act, 1953, which provides that certain animals shall be instantaneously slaughtered or shall be instantaneously rendered insensible to pain by stunning.

Slaughter of Animals (Prevention of Cruelty) No. 2 Regulations, 1954

The Regulations which are made under section 2 of the Slaughter of Animals (Amendment) Act, 1954, are designed to secure humane conditions and practices in connection with the slaughter of animals at slaughterhouses and knackers' yards. They give statutory effect to certain of the recommendations of the Committee of Inquiry into the slaughter of animals and re-enact certain provisions of the Slaughter of Animals Acts, 1911, 1933 and 1951.

Circular M.F. 16/54

This circular refers to section 58 of the Food and Drugs Act, 1938, as amended by section 11 of the Slaughter of Animals (Amendment) Act, 1954, which empowers local authorities to make byelaws for securing that knackers' yards are kept in a sanitary condition and are properly managed and for requiring the occupiers of knackers' yards to keep records. In order to assist local authorities in making such byelaws a model has been prepared and approved by the Ministry and was enclosed for the information of authorities.

Food and Drugs Amendment Act, 1954 and Circular M.F. 22/54

Apart from Section 28 (which deals with the restriction of private slaughterhouses and provisions of which came into effect on 25th November, 1954), this Act will not come into operation immediately but on a date to be appointed by order of the Minister of Food. Time is to be given to consolidate the Food and Drugs Amendment Act, 1954, with the Food and Drugs Act, 1938, the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950 and the Slaughterhouses Act, 1954, and to make the Food Hygiene Regulations under the consolidation measure to replace section 13 of the Food and Drugs Act, 1938, which the Food and Drugs Amendment Act, 1954, repeals. It is proposed to bring the Food and Drugs Amendment Act, 1954, the consolidation measure and the Food Hygiene Regulations into force simultaneously in 1955.

The circular deals with the degree of implementation of the Food and Drugs Amendment Act, 1954.

Pests Act, 1954

This Act makes further provision with respect to the destruction or control of rabbits and other animals and birds, and to the use of spring traps for killing or taking animals.

APPENDIX A.

Year	Popu- lation	Deaths	Death Rates	Live Births	Birth Rates	Infan- tile Deaths	Infant Death Rates	Neo- natal Deaths	Neo- natal Death Rates	No. of Cases of Infectious Diseases Notified							Bowel Complaints			Tuber- culosis	
										Measles	Scarlet Fever	Whoop- ing Cough	Diph- theria	Polio- myeli- tis	Dysentery	Enteric	Food P.	Pul.	Non Pul.		
1937...	50,830	597	12.99	756	16.45	49	64.81	—	—	—	151	—	332	—	—	3	—	28	24		
1938...	50,490	591	11.70	801	15.86	48	60.00	—	—	—	164	—	395	—	—	2	—	40	45		
1939...	50,020	594	11.94	718	14.35	53	74.00	—	—	8	77	3	196	—	2	2	—	38	36		
1940...	47,700	600	12.58	847	17.76	51	60.00	—	—	1,093	103	84	173	—	8	1	—	44	26		
1941...	46,000	566	12.30	811	17.63	70	87.00	—	—	262	120	73	105	—	4	—	—	43	23		
1942...	45,330	546	12.04	812	17.91	43	54.00	—	—	547	164	8	125	—	10	1	—	31	21		
1943...	44,950	571	12.70	844	18.77	54	65.00	—	—	637	196	229	113	—	—	1	—	44	29		
1944...	45,660	543	11.89	950	20.80	54	57.00	—	—	712	88	15	145	—	10	2	—	39	14		
1945...	46,440	574	12.36	862	18.50	47	54.30	—	—	241	80	241	194	—	11	2	—	33	12		
1946...	48,110	573	11.90	975	20.27	48	49.00	22	22.56	619	50	619	101	1	—	18	9	56	11		
1947...	48,510	631	13.00	1108	22.84	54	48.73	23	20.75	268	71	268	61	28	6	3	1	61	22		
1948...	48,920	609	12.45	926	18.93	44	47.51	19	20.51	788	181	788	40	6	4	2	1	77	14		
1949...	48,890	555	11.35	880	18.00	30	34.1	15	17.04	656	240	115	31	2	33	3	9	57	16		
1950...	48,480	561	11.57	769	15.86	26	33.8	12	15.60	379	107	391	23	3	391	—	20	53	11		
1951...	48,110	559	11.62	788	16.37	31	39.34	14	17.76	802	104	214	17	—	111	2	16	82	14		
1952...	48,080	566	11.77	819	17.03	33	40.29	24	29.30	849	141	179	10	10	22	—	13	49	14		
1953...	48,060	505	10.51	791	16.46	27	34.13	15	18.96	205	61	297	3	—	321	2	64	52	6		
1954...	48,020	544	11.57	728	15.16	19	26.1	12	16.48	435	47	126	1	2	41	—	17	58	9		

APPENDIX B.

ANALYSIS OF THE NOTIFIED AND CONFIRMED CASES OF NOTIFIABLE DISEASES UNDER AGE GROUPS FOR 1954

Name of Disease	Under 1 year		1		2		3		4		5		6-10		11-15		16-20		21-35		36-45		46-65		66 and Over		Age Un-known		TOTALS	
	N	C	N	C	N	C	N	C	N	C	N	C	N	C	N	C	N	C	N	C	N	C	N	C	N	C	N	C	N	C
Scarlet Fever ...	—	—	3	3	3	3	5	5	1	1	7	7	16	16	9	9	3	3	—	—	—	—	—	—	—	—	—	—	47	47
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Puerperal Pyrexia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—	2	2
Pneumonia ...	4	4	4	4	1	1	1	1	3	3	2	2	9	9	—	—	1	1	11	11	5	5	16	15	15	15	—	—	72	71
Measles ...	15	15	32	32	52	52	66	66	55	55	118	118	96	96	1	1	—	—	—	—	—	—	—	—	—	—	—	435	435	
Whooping Cough ...	8	8	24	24	24	24	18	18	12	12	18	18	20	20	1	1	—	—	1	1	—	—	—	—	—	—	—	126	126	
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	—	—	—	—	—	—	—	1	—	—	—	—	3	1	
Erysipelas ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	2	2	2	2	5	5	—	10	10	
Acute Poliomyelitis ...	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	
Food Poisoning ...	6	6	1	1	—	—	—	—	—	—	1	1	2	2	—	—	1	1	2	2	4	3	—	—	—	—	—	17	16	
Dysentery ...	3	3	2	2	4	4	3	3	2	2	3	3	3	3	3	3	—	—	13	13	1	1	3	2	1	1	—	41	40	
Paratyphoid ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ...	36	36	68	68	84	84	93	93	73	73	150	149	147	147	15	15	5	5	29	29	12	11	23	19	21	21	—	756	750	

N—Notified Cases.
C—Corrected Cases.

APPENDIX C.

FACTORIES ACT, 1937

Prescribed particulars on the administration of the Factories Act, 1937.

PART I OF THE ACT

1. INSPECTIONS for the purposes of provision as to health (including inspections made by Sanitary Inspectors).

Premises	Number on Register	Number of		
		Inspection	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	19	35	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	104	176	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises) ...	14	38	—	—
Totals	137	249	—	—

2. CASES IN WHICH DEFECTS WERE FOUND.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Inadequate ventilation (S.3)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences					
(a) Insufficient ...	—	—	—	—	—
(b) Unsuitable or defective	1	1	—	1	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work)	—	—	—	—	—
Totals	1	1	—	1	—

APPENDIX D. **CARCASES INSPECTED AND CONDEMNED**

	Cattle excluding Cows	Calves	Sheep	Pigs	Total
Number killed and inspected	551	3	621	224	1,399
ALL DISEASES EXCEPT TUBERCULOSIS	—	—	—	—	—
Whole carcases condemned...	—	—	—	—	—
Carcases of which some part or organ was condemned...	179	—	7	6	192
Percentage of the number inspected affected with diseases other than Tuber- culosis	32.48	—	1.12	2.67	13.79
TUBERCULOSIS ONLY					
Whole carcases condemned...	2	—	—	—	2
Carcases of which some part or organ was condemned...	23	—	—	4	27
Percentage of the number inspected affected with Tuberculosis	4.53	—	—	1.78	2.14

APPENDIX E. **PREVENTION OF DAMAGE BY PESTS**

	Totals	Totals
No. of Properties inspected—notification	119	
—survey	33	
—otherwise	50	
	—	202
No. of Inspections carried out including re-inspections ...		434
No. of Properties inspected and found to be infested with :		
rats	36	
mice	88	
	—	124
No. of infested properties treated by the Local Authority :		
L.A. properties	23	
Dwelling houses	56	
Others including business premises	73	
	—	152
Total Number of treatments carried out		156
No. of Notices served—Treatment	5	
—Structural	2	
	—	7
No. of Third Party Premises treated		42
Total cost charged to Third Party Premises		£59 18s. 6d.

